

# Department of Labor and Industries

Send to original insurer. See list on back.  
Interpreter: Keep a copy for your records.



# Interpretive Services Appointment Record

## Worker Information

Claim number <b>Y000000</b>		
Worker's name (Last, first, middle initial) <b>Doe, John A</b>	Worker's phone number <b>XXX-XXX-XXXX</b>	Date of injury <b>MM/DD/YY</b>

## Appointment Information

Type of appointment – check below.

- ☐ Diagnostic      ☒ **Doctor**      ☐ Hospital      ☐ IME      ☐ PCE  
☐ Pharmacy      ☐ PT or OT      ☐ Vocational      ☐ Other: \_\_\_\_\_

Appointment date <b>11/01/08</b>	Appointment scheduled start time <b>9:00 AM</b>	Language requested <b>Russian</b>
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Name of scheduled health care/vocational provider <b>Provider's Name (Not clinic name) – John Jones, MD</b>		Telephone number (including area code) <b>XXX-XXX-XXXX</b>	
Street address of health care/vocational provider <b>301 S Main Street</b>		City <b>Any City</b>	State <b>WA</b>
Comments:			

## Interpreter Information

Interpreter name (Last, first, middle initial) <b>Interpreter's Last Name, First Name, Middle Initial</b>	Interpreter's L&I provider number <b>Interpreter's Provider Number - XXXXXX</b>
Language agency's name (if applicable) <b>123 Agency</b>	Agency's L&I provider number <b>Agency's Provider Number - XXXXXX</b>

## Billing Information

- Submit mileage documentation from a software mileage program with the name of the software.
- For group service, indicate the total number of persons served in the group and divide the service time and mileage accordingly.

Is this a group service? ☐ No ☐ Yes Number of people in group: \_\_\_\_\_

Interpreter's starting address <b>1234 E. 5<sup>th</sup> Ave</b>	City <b>Any City</b>	State <b>WA</b>
Appointment address <b>301 S Main Street</b>	City <b>Any City</b>	State <b>WA</b>
Interpreter's return or next appt. address <b>145 E. 10<sup>th</sup> Ave</b>	City <b>Any City</b>	State <b>WA</b>

Interpreter's arrival time <b>8:50 AM</b>	Mileage to appointment <b>20</b>
Interpretation scheduled start time <b>9:00 AM</b>	Mileage to return/next appt. <b>15</b>
Interpretation end time <b>10:30 AM</b>	Total mileage <b>35</b>
Total billable time (in minutes) <b>90</b>	

## Interpreter's Signature

- By signing, I certify that have provided the interpretive services indicated above.

<b>Interpreter's Signature</b>	<b>11/01/08</b>
Interpreter's signature	Date

## Interpreter Service Verification

- This section is to be completed by the health care or vocational provider or their designee.
- Do not sign unless the information above is completed. **Keep a copy of this form for the provider's records.**

<b>Printed name of person verifying services</b>	<b>Title – Medical Secretary</b>
Print name of person verifying services	Title
<b>Signature of person verifying services in provider's office</b>	<b>11/01/08</b>
Signature of person verifying services	Date

Comments:
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## Instructions for completing Interpretive Services Appointment Record

Submit the original to the insurer. Do not staple documentation to bill forms. Use address below to send documentation:

### State Fund

Department of Labor and Industries  
PO Box 44291  
Olympia WA 98504-4291

1-800-848-0811  
360-902-6500  
Fax: 360-902-4567

### Crime Victims Compensation

Department of Labor and Industries  
PO Box 44520  
Olympia WA 98504-4520

1-800-762-3716  
360-902-5377  
Fax: 360-902-5333

### Self-Insurer

Varies – Call 360-902-6901 to obtain the insurer's phone number and address

Or see the Self-Insurer list:  
[www.Lni.wa.gov/ClaimsIns/Providers/billing/billSIEmp/default.asp](http://www.Lni.wa.gov/ClaimsIns/Providers/billing/billSIEmp/default.asp)

### Worker Information:

Claim number	Write the worker's claim number.
Name	Write the worker's legal name in the last, first, middle initial format.
Worker's phone number	Write the worker's phone number, including area code.
Date of injury	Write in Date of injury.

### Appointment Information:

Type of appointment	Check the appropriate box for the type of appointment you are interpreting for.
Appointment date	Write the date of appointment you are interpreting for.
Appointment scheduled start time	Write the scheduled start time for the appointment.
Language requested	Write the language requested for interpretation.
Name of scheduled health care/vocational provider	Write the name of the scheduled health care/vocational provider for the appointment you will be interpreting for.
Telephone number	Write the telephone number of the health care/vocational provider including the area code.
Street address of the health care/vocational provider	Write the street address of the health care/vocational provider where you will be interpreting.
Comments	Write any comments you have about the appointment here.

### Interpreter Information:

Interpreter name	Write the name of the interpreter in the last name, first name, middle initial format.
Interpreter's L&I provider number	Write the interpreter's individual L&I provider number.
Language agency's name	Write the language agency's name if applicable.
Agency's L&I provider number	Write the agency's L&I provider number if applicable.

### Billing Information:

Group service	Check the appropriate box for group service. If the interpretation services are provided to a group, indicate the number of people in the group. Group service time must be divided between ALL clients in the group. After calculating the total mileage and billable time, divide by the total number of clients served in that appointment.
Interpreter's starting address	Write the street address of the location the interpreter left to go the appointment.
Appointment address	Write the street address of the appointment.
Interpreter's return or next appointment address	Write the street address of the interpreter's return location or next appointment.
Interpreter's arrival time	Write the time the interpreter arrived for the appointment.
Interpretation scheduled start time	Write the time the appointment scheduled to start.
Interpretation end time	Write the time the appointment ended.
Total billable time	Write the total billable time in minutes. Bill from the arrival time or scheduled start time – whichever is LATEST. Interpreter's TRAVEL time is NOT payable.
Mileage to appointment	Write the mileage to the appointment. Calculate the miles from the origins of the trip to the destination. Mileage documentation is required. Documentation must be a printout from a software mileage program and name of software program.
Mileage to return/next appt.	Write the mileage to the return or next appointment. Mileage must be split between ALL clients of a group and between clients if there are multiple appointments in one day. If services are delivered in multiple locations for the same client, mileage is payable but not the travel time between locations. Mileage documentation is required. Documentation must be a printout from a software mileage program and name of software program.
Total mileage	Write the total billable mileage

### Signatures:

Interpreter's signature and date	The interpreter must sign and date to verify the accuracy of the information on the form.
Interpreter Services Verification	The health care/vocational provider or their designee must verify the interpretation services were provided by signing and dating the form.
Comments	This section for the health care/vocation provider to give comments about the interpretation services provided.

